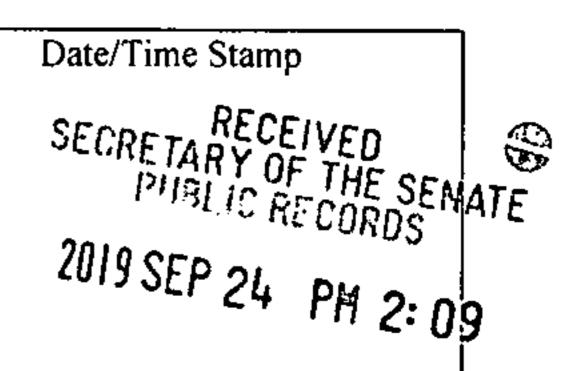
COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Kelsey Joann Magill	
	nator Chris Coons
PATH ravel Expenses Paid by (List all sources).Interd	H/Global Health Technologies Coalition; national AIDS Vaccine Initiative
August 17-24, 2019	
RE-1 E Description/Title of Attached Forms:	mployee Pre-Travel Authorization
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<u> </u>	
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	r amending original submission):
Purpose of Amendment (describe the reason for RE-1 form at time of submission of 9/24/2019	r amending original submission):

EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the <u>Select Committee on Ethics</u> in <u>SH-220</u>. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	Kelsey Magill
Employing Office/Committee:	Sen. Coons
Private Sponsor(s) (list all): PATH	/Global Health Technologies Coalition, International AIDS Vaccine Initiative
Travel date(s): August 17-24, 20)19
Note: If you plan to extend	the trip for any reason you <u>must</u> notify the Committee.
Destination(s): Kampala & Ente	bbe, Uganda
Explain how this trip is specifically	connected to the traveler's official or representational duties:
	gned to the global health portfolio, this trip will be a resource to better understand how and DoD advance R&D for new tools including drugs, vaccines, and diagnostics for long-standing ng infectious diseases.
Name of accompanying family men Relationship to Employee: Spot	
I certify that the information contain	ned in this form is true, complete and correct to the best of my knowledge:
7/12/2019	Wolson L. Mariol
(Date)	Kelsen J. Magil) (Agnifure of Employee)
TO BE COMPLETED BY SUPERVIS Secretary for the Majority, Secretary fo	ING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms or the Minority, and Chaplain):
, Sen. Chris Coon	s hereby authorize Kelsey Magill
(Print Senator's/Officer's N	
related expenses for travel to the eve	vision, to accept payment or reimbursement for necessary transportation, lodging, and ent described above. I have determined that this travel is in connection with his or her fficeholder, and will not create the appearance that he or she is using public office for
I have also determined that the attended of the Senate. (signify "yes" by checking a line of the Senate.	ing box)

(Signature of Supervising Senator/Officer)